

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	LR	7	2/15
FORMALITY REVIEW	B7	857	02-27-01
RESPONSE FORMALITY REVIEW	HA	858	5/29/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	
Original	
1	2/5/01
2	2/29/01
3	2/25/01
4	2/21/01
5	2/21/01
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Claim	Date
Final	
Original	
1	2/5/01
2	2/29/01
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Claim	Date
Final	
Original	
1	4/25/01
2	4/25/01
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49	4/25/01
50	4/25/01

If more than 150 claims or 10 actions  
staple additional sheet here

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